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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | | |
|-----|--|---|---|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Latricia First name D Middle name Thompson Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) | |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | FKA Latricia D Crosby FKA Latricia D Collins | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8452 | | |

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Debtor 1 Latricia D Thompson

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 1350 E 53rd St., Apt 201 | If Debtor 2 lives at a different address: |
| | | Chicago, IL 60615 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Cook County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing | Check one: | Check one: |
| | this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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Debtor 1 Latricia D Thompson

Case number (if known)

| Par | Tell the Court About | Your Ba | ankruptcy Ca | se | | | | |
|-----|---|-------------|-----------------|--|---|---|---|--|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Required by</i> 1 page 1 and check the appropriate | 1 U.S.C. § 342(b) for Individuals Filing for Bankruptcy box. | | |
| | choosing to file under | ■ Chapter 7 | | | | | | |
| | | ☐ CH | napter 11 | | | | | |
| | | □ Ch | napter 12 | | | | | |
| | | □ Ch | napter 13 | | | | | |
| | | | | | | | | |
| 8. | How you will pay the fee | | about how yo | u may pay. Typi attorney is subn | ically, if you are paying the fee yoι | with the clerk's office in your local court for more detai urself, you may pay with cash, cashier's check, or mone off, your attorney may pay with a credit card or check wit | y | |
| | | | | | allments. If you choose this options (Official Form 103A). | n, sign and attach the Application for Individuals to Pay | | |
| | | | I request that | t my fee be wai | ived (You may request this option | only if you are filing for Chapter 7. By law, a judge may ir income is less than 150% of the official poverty line | , | |
| | | | that applies to | o your family siz | e and you are unable to pay the fe | ee in installments). If you choose this option, you must form 103B) and file it with your petition. | Ш | |
| | | | out the Applic | auon to nave ti | ie Chapter / Filling Fee Walved (C | micial Form 103B) and the it with your petition. | | |
| 9. | Have you filed for bankruptcy within the | ■ No |) . | | | | | |
| | last 8 years? | ☐ Ye | S. | | | | | |
| | | | District | | | Case number | | |
| | | | District | | When | Case number | _ | |
| | | | District | | When | Case number | | |
| 10. | Are any bankruptcy | ■ No |) | | | | _ | |
| | cases pending or being filed by a spouse who is | ☐ Ye | S. | | | | | |
| | not filing this case with you, or by a business partner, or by an affiliate? | | | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | _ | |
| 11. | Do you rent your | ■ No | Go to li | ne 12. | | | | |
| | residence? | □ Ye | s. Has yo | ur landlord obta | ined an eviction judgment against | you and do you want to stay in your residence? | | |
| | | | | No. Go to line 1 | | | | |
| | | | | Yes. Fill out <i>Ini</i> bankruptcy peti | | udgment Against You (Form 101A) and file it with this | | |
| | | | | | | | | |

Document Page 4 of 50 Case number (if known) Debtor 1 Latricia D Thompson Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. ■ No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat Yes. of imminent and What is the hazard? identifiable hazard to public health or safety?

Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Latricia D Thompson

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a

П

mental deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active

military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

☐ Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Page 6 of 50 Document Case number (if known) Debtor 1 Latricia D Thompson Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5**0,001-100,000 **5001-10,000** □ 50-99 owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion **□** \$100.001 - \$500.000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Latricia D Thompson Signature of Debtor 2 Latricia D Thompson

Executed on

MM / DD / YYYY

Signature of Debtor 1

Executed on December 30, 2015

MM / DD / YYYY

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Debtor 1 Latricia D Thompson Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Mike Miller | Date | December 30, 2015 |
|--|---------------|-----------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| | | |
| Mike Miller | | |
| Printed name | | |
| THE SEMRAD LAW FIRM, LLC | | |
| Firm name | | |
| 20 S. Clark Street | | |
| 28th Floor | | |
| Chicago, IL 60603 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (312) 913 0625 | Email address | rsemrad@semradlaw.com |
| 6288876 | | |
| Par number & State | | |

| | | Docume | ent Page 8 of 50 | |
|--------------------|--------------------------|-------------------|------------------|------------------|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Latricia D Thomps | on | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| if known) | | | | Check if this is |
| | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

eck if this is an

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | t 1: Summarize Your Assets | | |
|-----|--|------------|---------------------------|
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 4,873.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 4,873.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 1,358.39 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 114,664.67 |
| | Your total liabilities | \$ | 116,023.06 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,604.20 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,603.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other s | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | \$ 4,141.00 |
|----|--|----------------|
| | | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | l claim |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 96,111.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 96,111.00 |

Case 15-43638 Doc 1 Filed 12/30/15 Entered 12/30/15 15:42:28 Desc Main Page 10 of 50 Document Fill in this information to identify your case and this filing: Debtor 1 Latricia D Thompson Middle Name First Name Last Name Debtor 2 First Name Middle Name (Spouse, if filing) Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Do not deduct secured claims or exemptions. Put Pontiac Make: Who has an interest in the property? Check one. the amount of any secured claims on Schedule D: Grand AM Debtor 1 only Creditors Who Have Claims Secured by Property. 2002 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 167000 Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$1,400.00 \$1,400.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$1,400,00

pages you have attached for Part 2. Write that number here.....=>

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

| Debtor 1 | Latricia D Th | Document Page 11 of 50 | Desc Main |
|-------------------------------------|--|--|---|
| _ | | <u> </u> | |
| ■ Yes. | Describe | Used Furniture | \$900.00 |
| □No | es: Televisions a including ce | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music of phones, cameras, media players, games | collections; electronic devices |
| ■ Yes. | Describe | Wii | \$150.00 |
| ■ No □ Yes. 9. Equipment Example | other collect Describe ent for sports a | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes | |
| ■ No □ Yes. | Describe | | |
| ■ No | | es, shotguns, ammunition, and related equipment | |
| □ No | | lothes, furs, leather coats, designer wear, shoes, accessories Used Clothing | \$400.00 |
| □ No | | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, of Misc Jewelry | gold, silver |
| Examp ■ No □ Yes. 14. Any otl ■ No | rm animals oles: Dogs, cats Describe her personal ar | nd household items you did not already list, including any health aids you did not list | |
| 15. Add t for Pa | he dollar value art 3. Write that | of all of your entries from Part 3, including any entries for pages you have attached number here | \$1,550.00 |
| | scribe Your Finar vn or have any | cial Assets legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |

Official Form 106A/B

Schedule A/B: Property

Document Page 12 of 50 Case number (if known) Debtor 1 Latricia D Thompson 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: ■ Yes..... Chase Checking Account \$788.00 17 1 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☐ Yes. Give specific information about them...

■ No

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page 3

| | | Case | 15-43638 | Doc 1 | Filed 12/30/15 Document | Entered 12/30 Page 13 of 50 | 0/15 15:42:28 | Desc Main |
|----|----------------------|-----------------------------|---|-----------------------------|---|--------------------------------|---------------------------|---|
| D | ebtor 1 | Latricia | D Thompson | | Document | | case number (if known) | |
| 27 | Examp ■ No | oles: Buildin | ises, and other ng permits, exclu | sive licenses | ngibles s, cooperative associatio | n holdings, liquor licens | ses, professional licens | ses |
| M | oney or _l | property o | wed to you? | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | ☐ No | unds owe | - | oout them, in | cluding whether you alre | eady filed the returns ar | nd the tax years | |
| | | | | Estir | mated 2015 Tax Refu | nd | | \$1,135.00 |
| 29 | ■ No | oles: Past d | ue or lump sum | , | ousal support, child supp | ort, maintenance, divoi | ce settlement, propert | y settlement |
| 30 | Examp ■ No | oles: Unpaid benefi | ts; unpaid loans | ty insurance | | efits, sick pay, vacation | n pay, workers' compe | ensation, Social Security |
| 31 | Interes | ts in insur | ific information ance policies , disability, or life | e insurance; | health savings account (| HSA); credit, homeowr | ner's, or renter's insura | ance |
| | ■ No □ Yes. | Name the i | | any of each p pany name: | policy and list its value. | Beneficiar | y: | Surrender or refund value: |
| 32 | If you a someo | are the ben one has died | eficiary of a livin | | a someone who has die ct proceeds from a life in | | currently entitled to red | ceive property because |
| 33 | | | | | you have filed a lawsunsurance claims, or right | | for payment | |
| | | Describe e | each claim | | | | | |
| 34 | ■ No | _ | and unliquidate | ed claims o | f every nature, includin | g counterclaims of th | e debtor and rights t | to set off claims |
| 35 | . Any fin | ancial ass | ets you did not | already list | | | | |
| 36 | 6. Add t l | he dollar v | alue of all of yo | | rom Part 4, including a | | ou have attached | \$1,923.00 |
| Pa | art 5: Des | scribe Any E | Business-Related I | Property You | Own or Have an Interest In | . List any real estate in P | art 1. | |
| | Do you o | | any legal or equita | able interest i | n any business-related pro | perty? | | |

Schedule A/B: Property

☐ Yes. Go to line 38. Official Form 106A/B

Entered 12/30/15 15:42:28 Case 15-43638 Doc 1 Filed 12/30/15 Desc Main Document Page 14 of 50 Case number (if known) Debtor 1 Latricia D Thompson Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$1,400.00 57. Part 3: Total personal and household items, line 15 \$1,550.00

\$1,923.00

\$4,873.00

\$0.00

\$0.00

\$0.00

Copy personal property total

63. Total of all property on Schedule A/B. Add line 55 + line 62

Part 6: Total farm- and fishing-related property, line 52

Part 5: Total business-related property, line 45

Part 7: Total other property not listed, line 54

Total personal property. Add lines 56 through 61...

58. Part 4: Total financial assets, line 36

\$4,873.00

\$4,873.00

Official Form 106A/B Schedule A/B: Property page 5

| | | Dodding | 1 446 19 01 00 | |
|---------------------|--------------------------|-------------------|----------------|--|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Latricia D Thomps | on | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Specific laws that allow exemption Check only one box for each exemption. |
|--|--|---|
| 2002 Pontiac Grand AM 167000 miles Line from <i>Schedule A/B</i> : 3.1 | \$1,400.00 | \$41.61 735 ILCS 5/12-1001(c) 100% of fair market value, up to any applicable statutory limit |
| Used Furniture Line from <i>Schedule A/B</i> : 6.1 | \$900.00 | \$900.00 735 ILCS 5/12-1001(b) 100% of fair market value, up to any applicable statutory limit |
| Wii Line from <i>Schedule A/B</i> : 7.1 | \$150.00 | \$150.00 735 ILCS 5/12-1001(b) 100% of fair market value, up to any applicable statutory limit |
| Used Clothing Line from <i>Schedule A/B</i> : 11.1 | \$400.00 | \$400.00 735 ILCS 5/12-1001(a) 100% of fair market value, up to any applicable statutory limit |
| Misc Jewelry Line from <i>Schedule A/B</i> : 12.1 | \$100.00 | \$100.00 735 ILCS 5/12-1001(b) 100% of fair market value, up to any applicable statutory limit |

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| | of description of the property and line on sedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--------|--|--------------------------------------|-----|---|------------------------------------|
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | ase Checking Account e from Schedule A/B: 17.1 | \$788.00 | • | \$788.00 | 735 ILCS 5/12-1001(b) |
| | s nom conequie /v2. Tri | | | 100% of fair market value, up to any applicable statutory limit | |
| | imated 2015 Tax Refund | \$1,135.00 | | \$1,000.00 | 735 ILCS 5/12-1001(g)(1) |
| L11 10 | 5 115.11 56/1600/16 74 B. 20.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | imated 2015 Tax Refund | \$1,135.00 | | \$135.00 | 735 ILCS 5/12-1001(b) |
| LIIR | e IIOIII Schedule A/B. 20. I | | | 100% of fair market value, up to any applicable statutory limit | |

| Case | 2 15-43036 | Document Document | Page 17 | 12/30/15 15.4 nf 50 | 12.28 Desc IV | iaiii |
|--|---|--|--------------------|--|--|-----------------------------|
| Fill in this informa | tion to identify you | | 1 446 17 | 01 00 | | |
| Debtor 1 | Latricia D Thomp | son | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankı | ruptcy Court for the: | NORTHERN DISTRICT OF ILL | INOIS | | | |
| | | | | | | |
| Case number(if known) | | | | | _ | if this is an ded filing |
| Official Form | 106D | | | | | |
| | | Who Have Claims S | Secured | by Property | , | 12/15 |
| | | | | | , | |
| | | two married people are filing together number the entries, and attach it to the | | | | |
| known <i>).</i> 1. Do any creditors hav | ve claims secured by | vour property? | | | | |
| | | nis form to the court with your other | schedules. You | u have nothing else t | o report on this form. | |
| _ | Il of the information | • | | g | - · · · · · · · · · · · · · · · · · · · | |
| | Secured Claims | | | | | |
| <u> </u> | | ore than one secured claim, list the credi | tor separately for | Column A | Column B | Column C |
| each claim. If more that | an one creditor has a pa | articular claim, list the other creditors in Per according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Springleaf | | Describe the property that secures th | e claim: | \$1,358.39 | \$1,400.00 | \$0.00 |
| Creditor's Name | | 2002 Pontiac Grand AM 16700 | 00 miles | | | |
| 219 W. Sain Road | t Charles | As of the date you file, the claim is: C apply. | heck all that | | | |
| Villa Park, IL | . 60181 | Contingent | | | | |
| Number, Street, Cit | ty, State & Zip Code | Unliquidated | | | | |
| Who owes the debt | ? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as m | ortgage or secure | ed | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and Debto | • | ☐ Statutory lien (such as tax lien, mech | nanic's lien) | | | |
| At least one of the | | ☐ Judgment lien from a lawsuit | | | | |
| Check if this claim community debt | n relates to a | Other (including a right to offset) | | | | |
| Date debt was incurre | ed | Last 4 digits of account number | er 2753 | | | |
| | | | | | | |
| Add the dollar value | e of vour entries in Co | lumn A on this page. Write that number | er here: | \$1,35 | 8.39 | |
| | ge of your form, add tl | he dollar value totals from all pages. | | \$1,35 | | |
| Part 2: List Other | rs to Be Notified fo | r a Debt That You Already Listed | | | | |
| to collect from you fo | r a debt you owe to so debts that you listed | notified about your bankruptcy for a domeone else, list the creditor in Part 1, in Part 1, list the additional creditors h | and then list the | collection agency her | e. Similarly, if you have | more than one |
| Name Addre | | | | | | |
| -NONE- | | Oı | n which line | in Part 1 did you | enter the creditor? | • |

Last 4 digits of account number

| | | | Document | Page | 18 of 50 | | | |
|--|---|--|---|---|--|---|------------------------------|---|
| Fill in | this information to | identify your c | ase: | | | | | |
| Debtor | r 1 Latricis | a D Thompso | n | | | | | |
| 20210. | First Nam | | Middle Name | Last Name | | | | |
| Debtor | | | | | | | | |
| (Spouse | if, filing) First Nam | e | Middle Name | Last Name | | | | |
| United | States Bankruptcy C | ourt for the: | NORTHERN DISTRICT OF | ILLINOIS | | | | |
| Case r | number | | | | | | | |
| (if known | | | | | | ☐ Check | c if thi | is is an |
| | | | | | | amen | ded fi | ling |
| Ott: ~ | ial Farms 100 | ⊏ /⊏ | | | | | | |
| | ial Form 106 | | A/I 1 I 1 I | | | | | |
| | | | Who Have Unsecu | | Part 2 for creditors with NONPRIORI | | | 12/15 |
| any exe Schedul D: Cred the Con | cutory contracts or une le G: Executory Contra itors Who Have Claims tinuation Page to this p (if known). | expired leases th cts and Unexpire Secured by Propage. If you have | at could result in a claim. Also d Leases (Official Form 106G). perty. If more space is needed, o no information to report in a Pa | list executory Do not include copy the Part y | contracts on Schedule A/B: Property e any creditors with partially secured o ou need, fill it out, number the entries that Part. On the top of any additional | (Official Form claims that are s in the boxes | n 106A e liste s on th | VB) and on ed in Schedule ne left. Attach |
| 1. | Do any creditors have | priority unsecure | ed claims against you? | | | | | |
| | No. Go to Part 2. | | | | | | | |
| Part 2 | Yes. | NONPRIORITY | Unsecured Claims | | | | | |
| 3. | Do any creditors have | nonpriority unse | cured claims against you? | | | | | |
| | ☐ No. You have nothin | g to report in this | part. Submit this form to the court | with your other | schedules. | | | |
| | Yes. | | | | | | | |
| | unsecured claim, list the | creditor separate | ly for each claim. For each claim I | isted, identify v | who holds each claim. If a creditor has that type of claim it is. Do not list claims than three nonpriority unsecured claims | already include fill out the Cor | ed in F | Part 1. If more tion Page of |
| 4.1 | Acs/jp Morgan Cl | nase Ba | Last 4 digits of acco | ount number | 6801 | \$ | | 32,328.00 |
| | Nonpriority Creditor's N | Name | | | | | | |
| | 501 Bleecker St Utica, NY 13501 | | When was the debt | incurred? | Opened 3/01/06 Last Active 11/30/15 | | | |
| | Number Street City Sta | ate ZIp Code | As of the date you f | ile, the claim i | s: Check all that apply | | | |
| | Who incurred the del | ot? Check one. | ☐ Contingent | | | | | |
| | ■ Debtor 1 only | | □ Contingent | | | | | |
| | ☐ Debtor 2 only | | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debto | or 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the | • | _ ' | ITY unsecured | I claim: | | | |
| | ☐ Check if this clain | | | | | | | |
| | Is the claim subject to | o offset? | Obligations arisin not report as priority | | ration agreement or divorce that you did | | | |
| | ■ No | | ☐ Debts to pension | or profit-sharin | g plans, and other similar debts | | | |
| | ☐ Yes | | Other. Specify | Educa | tional | | | |
| 4.2 | American Genera Financial/Springle | eaf Fi | Last 4 digits of acco | ount number | 2753 | \$ | | 1,358.00 |
| | Nonpriority Creditor's N | | | | Opened 9/01/14 Last | | | |

Official Form 106 E/F

Bankruptcy De

Po Box 3251 Evansville, IN 47731 When was the debt incurred?

Active 11/15/15

| Debtor | Case 15-43638 Doc 1 1 Latricia D Thompson | Filed 12/30/15 Document I | | red 12/30/15 15:42:28 19 of 50 Case number (if know) | Desc M | 1ain | |
|--------|--|---|-------------|--|--------|------|---------|
| | Number Street City State Zlp Code | As of the date you file, th | ne claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | ■ Debtor 1 only | — Commigant | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY u | ınsecured | claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out not report as priority claims | | ration agreement or divorce that you did | | | |
| | No | ☐ Debts to pension or pro | ofit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify | Secure | ed | | | |
| 4.3 | Americash | Last 4 digits of account i | number | 9001 | \$ | 1 | ,935.75 |
| | Nonpriority Creditor's Name 800 Lee Street, Ste. 302 | When was the debt incur | rred? | 9/23/15 | | | |
| | Des Plaines, IL 60016 Number Street City State Zlp Code | As of the date you file, th | ne claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | Debtor 1 only | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY u | insecured | claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out not report as priority claims | | ration agreement or divorce that you did | | | |
| | ■ No | Debts to pension or pro | ofit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify | Unsec | ured Debt | | | |
| 1.4 | Avant Inc | Last 4 digits of account i | number | 5629 | \$ | 4 | ,463.00 |
| | Nonpriority Creditor's Name 640 N Lasalle | When was the debt incur | rred? | Opened 11/01/14 Last Active 3/11/15 | | | |
| | Chicago, IL 60654 Number Street City State Zlp Code | As of the date you file, th | ne claim is | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | , | | | |
| | ■ Debtor 1 only | □ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY u | ınsecured | claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out not report as priority claims | | ration agreement or divorce that you did | | | |
| | ■ No | | | g plans, and other similar debts | | | |
| | Yes | Other. Specify | Unsec | ured | | | |
| 4.5 | Canital One | Last A dissite of account | | 5446 | | | 678 00 |

Nonpriority Creditor's Name

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| Debtor ' | 1 Latricia D Thompson | | Case number (if know) | |
|----------|--|--|---|----------------|
| | Attn: Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 7/08/12 Last Active 2/28/15 | |
| | Salt Lake City, UT 84130 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit | t Card | |
| 4.6 | Citibank / Sears | Last 4 digits of account number | 3398 | \$ 2,491.00 |
| | Nonpriority Creditor's Name Citicorp Credit Services/Attn: Centraliz Po Box 790040 | When was the debt incurred? | Opened 8/30/14 Last Active 2/28/15 | |
| | Saint Louis, MO 63179 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ■ Debtor 1 only | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did | |
| | ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit | t Card | |
| 4.7 | Credit One | Last 4 digits of account number | | \$ 704.00 |
| | Nonpriority Creditor's Name P.O. 625 | When was the debt incurred? | | |
| | Metairie, LA 70004 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did | |
| | ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | Other, Specify | | |

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Case number (if know) Debtor 1 Latricia D Thompson 4.8 13,801.00 Dept Of Ed/Nelnet 2361 Last 4 digits of account number Nonpriority Creditor's Name Attn: Claims Opened 4/01/12 Last Po Box 82505 When was the debt incurred? Active 11/30/15 Lincoln, NE 68501 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Educational 4.9 Dept Of Ed/Nelnet 1,500.00 4174 Last 4 digits of account number \$ Nonpriority Creditor's Name Attn: Claims Opened 9/01/08 Last Po Box 82505 When was the debt incurred? Active 11/30/15 Lincoln, NE 68501 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ■ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community Student loans debt Is the claim subject to offset? \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Educational 4.10 10.110.00 Dept Of Ed/Nelnet 1052 Last 4 digits of account number \$ Nonpriority Creditor's Name Attn: Claims Opened 10/01/13 Last Po Box 82505 When was the debt incurred? Active 11/30/15

As of the date you file, the claim is: Check all that apply

Lincoln, NE 68501 Number Street City State Zlp Code

| Debtor | Case 15-43638 Doc 1 1 Latricia D Thompson | | ered 12/30/15 15:42:28 e 22 of 50 Case number (if know) | Desc Main | |
|--------|--|---|---|-----------|----------|
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecur | ed claim: | | |
| | ☐ Check if this claim is for a community | ■ Student loans | | | |
| | debt Is the claim subject to offset? | _ | paration agreement or divorce that you did | | |
| | ■ No | Debts to pension or profit-shar | ing plans, and other similar debts | | |
| | Yes | Other. Specify | cational | | |
| | | Luuc | ational | | |
| 4.11 | Dept Of Ed/Nelnet | Last 4 digits of account number | 4974 | \$ | 4,250.00 |
| | Nonpriority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 7/01/10 Last Active 11/30/15 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecur | ed claim: | | |
| | ☐ Check if this claim is for a community debt | Student loans | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a seport as priority claims | paration agreement or divorce that you did | | |
| | ■ No | ☐ Debts to pension or profit-shar | ring plans, and other similar debts | | |
| | Yes | Other. Specify | cational | | |
| 4.12 | Dept Of Ed/Nelnet | Last 4 digits of account number | 2261 | \$ | 8,500.00 |
| | Nonpriority Creditor's Name Attn: Claims | | Opened 4/01/12 Last | | |
| | Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Active 11/30/15 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 only | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecur | ed claim: | | |
| | ☐ Check if this claim is for a community debt | Student loans | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a sepont report as priority claims | paration agreement or divorce that you did | | |
| | ■ No | Debts to pension or profit-shar | ing plans, and other similar debts | | |
| | Yes | Other. Specify | eational | | |
| 4.13 | Dept Of Ed/Nelnet | Last 4 digits of account number | . 2074 | | 7,896.00 |

Nonpriority Creditor's Name

Case 15-43638 Doc 1 Filed 12/30/15 Entered 12/30/15 15:42:28 Desc Main Debtor 1 Latricia D Thompson Page 23 of 50 Case number (if know)

| | Attn: Claims Po Box 82505 | When was the debt incurred? | Opened 3/01/11 Last Active 11/30/15 | |
|------|---|--|---|----------------|
| | Lincoln, NE 68501 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | ■ Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did | |
| | ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educa | itional | |
| 4.14 | Dept Of Ed/NeInet Nonpriority Creditor's Name | Last 4 digits of account number | 9261 | \$ 6,924.00 |
| | Attn: Claims Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 8/01/09 Last Active 11/30/15 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ■ Debtor 1 only | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | At least one of the debtors and another | _ | a Gain. | |
| | ☐ Check if this claim is for a community debt | Student loans | | |
| | Is the claim subject to offset? | Obligations arising out of a sepa not report as priority claims | aration agreement or divorce that you did | |
| | ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educa | ational | |
| 4.15 | Dept Of Ed/Nelnet | Last 4 digits of account number | 5074 | \$ 6,552.00 |
| | Nonpriority Creditor's Name Attn: Claims Po Box 82505 | When was the debt incurred? | Opened 7/01/10 Last Active 11/30/15 | |
| | Lincoln, NE 68501 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | - Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did | |
| | ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educa | ational | |

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Case number (if know) Document

| Debtor | 1 Latricia D Thompson | | Case number (if know) | |
|--------|---|--|---|----------------|
| 4.16 | Dept Of Ed/Nelnet | Last 4 digits of account number | 9161 | \$ 4,250.00 |
| | Nonpriority Creditor's Name | - | | |
| | Attn: Claims | | Opened 8/01/09 Last | |
| | Po Box 82505 | When was the debt incurred? | Active 11/30/15 | |
| | Lincoln, NE 68501 | A | Charle all that are the | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Cneck all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ■ Debtor 1 only | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a sepa not report as priority claims | aration agreement or divorce that you did | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educa | tional | |
| 4.17 | IL Tollway | Last 4 digits of account number | | \$ 144.00 |
| | Nonpriority Creditor's Name 2700 Ogden Ave | When was the debt incurred? | | |
| | Downers Grove, IL 60515-1703 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | | 7.6 61 the date yearne, the claim. | o. Chook all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | | | |
| 4.18 | Rise Credit | Last 4 digits of account number | 5693 | \$ 2,887.00 |
| | Nonpriority Creditor's Name | | 0 | |
| | Customer Support | Miles and the debt in a control 10 | Opened 1/11/15 Last | |
| | Po Box 101808 | When was the debt incurred? | Active 4/15/15 | |
| | Fort Worth, TX 76185 Number Street City State Zlp Code | As of the date you file, the claim i | s. Check all that apply | |
| | on on only orate zip oode | or the date you me, the claim i | oook an trat appry | |

| Debtor | Case 15-43638 Doc 1 1 Latricia D Thompson | | ered 12/30/15 15:42:28 25 of 50 Case number (if know) | Desc Main | |
|--------|---|--|---|-----------|----------|
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | ■ Debtor 1 only | · · | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | ■ Other. Specify Unsec | cured | | |
| 4.19 | Synchrony Bank/Walmart | Last 4 digits of account number | 4194 | \$ | 707.00 |
| | Nonpriority Creditor's Name | | On an ad 44/04/42 Loot | | |
| | Attn: Bankruptcy Po Box 103104 Roswell, GA 30076 | When was the debt incurred? | Opened 11/01/13 Last Active 2/28/15 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 only | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | Disputed | d eleter. | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | Yes | ■ Other. Specify Charg | e Account | | |
| 4.20 | Target | Last 4 digits of account number | 7780 | \$ | 578.00 |
| | Nonpriority Creditor's Name C/O Financial & Retail Services | | Opened 10/01/14 Last | | |
| | Mailstop BT PO Box 9475 | When was the debt incurred? | Active 2/09/15 | | |
| | Minneapolis, MN 55440 Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 only | Ü | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | ■ Other. Specify Credit | Card | | |
| 4.21 | Total Account Recovery | Last 4 digits of account number | 7714 | \$ | 1,787.50 |
| | Nonpriority Creditor's Name PO Box 14766 Lenexa, KS 66285 | When was the debt incurred? | 9/14/15 | | |

| Debtor | Case 15-43638 Doc 1 | | tered 12/30/15 15:42:28 e 26 of 50 Case number (if know) | Desc Main | |
|--------|--|--|--|-----------|--------|
| | Number Street City State Zlp Code | As of the date you file, the clair | · · · · · · · · | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | ■ Debtor 1 only | Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecu | red claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | Obligations arising out of a senot report as priority claims | eparation agreement or divorce that you did | | |
| | ■ No | Debts to pension or profit-sha | ring plans, and other similar debts | | |
| | Yes | Other. Specify | | | |
| 4.22 | VA Chicago Health Care | Last 4 digits of account numbe | er 0406 | \$ | 592.42 |
| | Nonpriority Creditor's Name 820 South Damen Ave Chicago, IL 60612 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code | As of the date you file, the clair | m is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | ■ Debtor 1 only | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecu | red claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a senot report as priority claims | eparation agreement or divorce that you did | | |
| | ■ No | ☐ Debts to pension or profit-sha | ring plans, and other similar debts | | |
| | Yes | Other. Specify | | | |
| 4.23 | Verizon | Last 4 digits of account numbe | er 0001 | \$ | 128.00 |
| | Nonpriority Creditor's Name 500 Technology Dr Suite 500 Weldon Spring, MO 63304 | When was the debt incurred? | Opened 5/01/04 Last Active 6/16/11 | | |
| | Number Street City State Zlp Code | As of the date you file, the clair | m is: Check all that apply | | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecu | red claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a se | eparation agreement or divorce that you did | | |
| | ■ No | _ ' ' ' | ring plans, and other similar debts | | |
| | Yes | Other. Specify | | | |
| 1.24 | Xfinity | Last 4 digits of account numbe | er | \$ | 100.00 |

Nonpriority Creditor's Name

| or 1 Lat | tricia D | THOMPOON | | Case r | | | |
|--|--|--|--|---|--|--|---|
| | 00 S Las | Salle - 60827 | When was the debt incurred? | | | | |
| | | City State Zlp Code | As of the date you file, the claim is: | Check a | II that apply | | |
| Who in | ncurred t | he debt? Check one. | П о | | | | |
| _ | btor 1 onl | | ☐ Contingent | | | | |
| | btor 2 onl | , | ☐ Unliquidated | | | | |
| | | - | ☐ Offiliquidated | | | | |
| ☐ Deb | btor 1 and | d Debtor 2 only | ☐ Disputed | | | | |
| ☐ At le | least one | of the debtors and another | Type of NONPRIORITY unsecured | claim: | | | |
| ☐ Che debt | eck if thi | s claim is for a community | ☐ Student loans | | | | |
| Is the o | claim sul | bject to offset? | Obligations arising out of a separa not report as priority claims | tion agre | ement or divorce th | at you did | |
| ■ No |) | | Debts to pension or profit-sharing | plans, an | d other similar debt | s | |
| ☐ Yes | s | | Other. Specify | | | | |
| | | | | | | | |
| this page ng to colle re than one debts in F | ect from y ne credito Parts 1 o | ou have others to be notified a you for a debt you owe to some or for any of the debts that you r 2, do not fill out or submit thi | | rts 1 or 2 creditors | 2, then list the colle s here. If you do no | ection agency here. Sir ot have additional perso | milarly, if you |
| this page ng to colle re than one | ect from y ne credito Parts 1 o | ou have others to be notified a you for a debt you owe to some or for any of the debts that you r 2, do not fill out or submit thi | bout your bankruptcy, for a debt that you ene else, list the original creditor in Palisted in Parts 1 or 2, list the additional s page. On which entry in Part 1 or Part Line of (Check one): | rts 1 or 2 creditors 2 did ye Part 1: Part 2: | 2, then list the colle s here. If you do no ou list the origin Creditors with I | ection agency here. Sir ot have additional perso | nilarly, if you ons to be noti Claims |
| this page ng to colle re than one debts in F | ect from y ne credito Parts 1 o | ou have others to be notified a you for a debt you owe to some or for any of the debts that you r 2, do not fill out or submit thi | bout your bankruptcy, for a debt that you cone else, list the original creditor in Palisted in Parts 1 or 2, list the additional s page. On which entry in Part 1 or Part Line of (Check one): | rts 1 or 2 creditors 2 did ye Part 1: Part 2: | 2, then list the colle s here. If you do no ou list the origin Creditors with I | ection agency here. Sir ot have additional person nal creditor? Priority Unsecured | nilarly, if you one to be notif |
| this page ng to colle e than one debts in F ie and A | ect from y ne credito Parts 1 o | ou have others to be notified a you for a debt you owe to some or for any of the debts that you r 2, do not fill out or submit thi | bout your bankruptcy, for a debt that you cone else, list the original creditor in Palisted in Parts 1 or 2, list the additional s page. On which entry in Part 1 or Part Line of (Check one): Last 4 digits of account number | rts 1 or 2 creditors 2 did ye Part 1: Part 2: | 2, then list the colle s here. If you do no ou list the origin Creditors with I | ection agency here. Sir ot have additional person nal creditor? Priority Unsecured | nilarly, if you one to be notif |
| this page ng to colle te than one debts in F ne and A NE- Add | ect from yne creditor Parts 1 o Address d the Arounts of o | ou have others to be notified a you for a debt you owe to some or for any of the debts that you r 2, do not fill out or submit thi | bout your bankruptcy, for a debt that you cone else, list the original creditor in Palisted in Parts 1 or 2, list the additional s page. On which entry in Part 1 or Part Line of (Check one): Last 4 digits of account number | rts 1 or 2 creditors 2 did y Part 1: Part 2: | 2, then list the colle s here. If you do no ou list the origin Creditors with I Creditors with I | ection agency here. Sir of have additional person nal creditor? Priority Unsecured Nonpriority Unsecu | nilarly, if you ons to be notif Claims ired Claims |
| this page ng to colle te than one debts in Fine and ANE- 4: Add | ect from yne creditor Parts 1 o Address d the Arounts of o | ou have others to be notified a you for a debt you owe to some or for any of the debts that you r 2, do not fill out or submit thi | bout your bankruptcy, for a debt that you cone else, list the original creditor in Palisted in Parts 1 or 2, list the additional spage. On which entry in Part 1 or Part Line of (Check one): Last 4 digits of account number insecured Claim | rts 1 or 2 creditors 2 did y Part 1: Part 2: | 2, then list the colle s here. If you do no ou list the origin Creditors with I Creditors with I | ection agency here. Sir of have additional personal nal creditor? Priority Unsecured Nonpriority Unsecu | nilarly, if you ons to be notif Claims ired Claims |
| this page ng to colle te than one debts in F are and Ar NE- 4: Add al the amountsecured | ect from yne creditor Parts 1 o Address d the Arounts of o | ou have others to be notified a you for a debt you owe to some or for any of the debts that you r 2, do not fill out or submit thi | bout your bankruptcy, for a debt that your bankruptcy, for a debt that your bankruptcy, for a debt that your bank is page. On which entry in Part 1 or Part Line of (Check one): Last 4 digits of account number insecured Claim ms. This information is for statistical research. | rts 1 or 2 creditors 2 did y Part 1: Part 2: | 2, then list the colles here. If you do not not list the origin Creditors with I Creditors with I Creditors with I courposes only. 28 | ection agency here. Sir of have additional personal nal creditor? Priority Unsecured Nonpriority Unsecu | nilarly, if you ons to be notif Claims ired Claims |
| this page ng to colle than one debts in F ae and Ae NE- 4: Add al the amo nsecured | ect from the creditor Parts 1 o Address de the Arounts of diclaim. | ou have others to be notified a you for a debt you owe to some or for any of the debts that you r 2, do not fill out or submit this mounts for Each Type of U certain types of unsecured clair | bout your bankruptcy, for a debt that you cone else, list the original creditor in Palisted in Parts 1 or 2, list the additional spage. On which entry in Part 1 or Part Line of (Check one): Last 4 digits of account number assecured Claim ms. This information is for statistical research. | rts 1 or 2 creditors 2 did y Part 1: Part 2: porting p | 2, then list the college here. If you do not consider the origin Creditors with I Creditors with I Creditors with I courposes only. 28 | ection agency here. Sire thave additional personal creditor? Priority Unsecured Nonpriority Unsecu | nilarly, if you ons to be notif Claims ired Claims |
| this page ng to colle te than one debts in F are and Ar NE- 4: Add al the amountsecured | ect from the creditor Parts 1 of Address de the Arounts of de claim. | ou have others to be notified a you for a debt you owe to some or for any of the debts that you r 2, do not fill out or submit this mounts for Each Type of U certain types of unsecured claid Domestic support obligations. | bout your bankruptcy, for a debt that you cone else, list the original creditor in Palisted in Parts 1 or 2, list the additional spage. On which entry in Part 1 or Part Line of (Check one): Last 4 digits of account number assecured Claim ms. This information is for statistical research. | rts 1 or 2 creditors 2 did y Part 1: Part 2: | 2, then list the colles here. If you do not oul list the origin Creditors with I Creditors with I Creditors with I ourposes only. 28 | ection agency here. Sire of have additional personal creditor? Priority Unsecured Nonpriority Unsecu | nilarly, if you ons to be notif Claims ired Claims |
| this page ng to colle than one debts in F ae and Ae NE- 4: Add al the amo nsecured | ect from the creditor Parts 1 of Address and the Arrounts of a claim. | ou have others to be notified a you for a debt you owe to some or for any of the debts that you r 2, do not fill out or submit this mounts for Each Type of U certain types of unsecured claid Domestic support obligations. Taxes and certain other debte Claims for death or personal | bout your bankruptcy, for a debt that you cone else, list the original creditor in Palisted in Parts 1 or 2, list the additional spage. On which entry in Part 1 or Part Line of (Check one): Last 4 digits of account number in the insecured Claim in the information is for statistical researched. | rts 1 or 2 creditors 2 did y Part 1: Part 2: porting p 6a. 6b. | 2, then list the college here. If you do not consider the origin Creditors with I Creditors with I Creditors with I courposes only. 28 Total claim \$ | ection agency here. Sire thave additional personal creditor? Priority Unsecured Nonpriority Unsecu | nilarly, if you l ons to be notif Claims ired Claims |
| this page ng to colle than one debts in F ae and Ae NE- 4: Add al the amo nsecured | ect from the creditor Parts 1 of Address and the Arrounts of a claim. 6a. 6b. 6c. | ou have others to be notified a you for a debt you owe to some or for any of the debts that you r 2, do not fill out or submit this mounts for Each Type of U certain types of unsecured claid Domestic support obligations. Taxes and certain other debte Claims for death or personal | bout your bankruptcy, for a debt that you cone else, list the original creditor in Palisted in Parts 1 or 2, list the additional spage. On which entry in Part 1 or Part Line of (Check one): Last 4 digits of account number msecured Claim ms. This information is for statistical reserved so you owe the government injury while you were intoxicated | rts 1 or 2 creditors 2 did your art 1: Part 2: porting p 6a. 6b. 6c. | 2, then list the colles here. If you do not consider the origin Creditors with I Creditors with I Creditors with I courposes only. 28 Total claim \$ \$ \$ | ection agency here. Sire thave additional personal creditor? Priority Unsecured Nonpriority Unsecured. U.S.C. §159. Add the arrange of the control of the c | nilarly, if you lons to be notif |
| this page ng to colle than one debts in F ae and Ae NE- 4: Add al the amo nsecured | ect from the creditor Parts 1 of Address and the Arrounts of a claim. 6a. 6b. 6c. | ou have others to be notified a you for a debt you owe to some or for any of the debts that you r 2, do not fill out or submit this mounts for Each Type of U certain types of unsecured claid Domestic support obligations. Taxes and certain other debte Claims for death or personal | bout your bankruptcy, for a debt that you cone else, list the original creditor in Palisted in Parts 1 or 2, list the additional spage. On which entry in Part 1 or Part Line of (Check one): Last 4 digits of account number msecured Claim ms. This information is for statistical researched by the secured claims. Some syou owe the government injury while you were intoxicated secured claims. Write that amount here. | rts 1 or 2 creditors 2 did your art 1: Part 2: porting p 6a. 6b. 6c. | 2, then list the colles here. If you do not consider the origin Creditors with I Creditors with I Creditors with I courposes only. 28 Total claim \$ \$ \$ | ection agency here. Sire thave additional personal creditor? Priority Unsecured Nonpriority Unsecured. U.S.C. §159. Add the arrange of the control of the c | nilarly, if you lons to be notif |
| this page ng to colle than one debts in F ae and Ae NE- 4: Add al the amo nsecured | ect from the creditor Parts 1 of Address d the Ar ounts of a claim. 6a. 6b. 6c. 6d. | ou have others to be notified a you for a debt you owe to some or for any of the debts that you r 2, do not fill out or submit this mounts for Each Type of U certain types of unsecured claid Domestic support obligations. Taxes and certain other debt Claims for death or personal Other. Add all other priority unservine to some property of the content | bout your bankruptcy, for a debt that you cone else, list the original creditor in Palisted in Parts 1 or 2, list the additional spage. On which entry in Part 1 or Part Line of (Check one): Last 4 digits of account number msecured Claim ms. This information is for statistical researched by the secured claims. Some syou owe the government injury while you were intoxicated secured claims. Write that amount here. | rts 1 or 2 creditors 2 did your 2 creditors 2 did your 1: Part 2: porting p 6a. 6b. 6c. 6d. | 2, then list the colles here. If you do not consider the origin Creditors with I Creditors | ection agency here. Sire thave additional personal creditor? Priority Unsecured Nonpriority Unsecured U.S.C. §159. Add the an 0.00 | nilarly, if you ons to be notif Claims ired Claims |
| this page ng to colle than one debts in F ae and Ae NE- 4: Add al the amo nsecured | d the Ar ounts of d falaim. | ou have others to be notified a you for a debt you owe to some or for any of the debts that you r 2, do not fill out or submit this mounts for Each Type of U certain types of unsecured claid Domestic support obligations. Taxes and certain other debte Claims for death or personal Other. Add all other priority unsupport of the control | bout your bankruptcy, for a debt that you cone else, list the original creditor in Palisted in Parts 1 or 2, list the additional spage. On which entry in Part 1 or Part Line of (Check one): Last 4 digits of account number msecured Claim ms. This information is for statistical researched by the secured claims. Some syou owe the government injury while you were intoxicated secured claims. Write that amount here. | rts 1 or 2 creditors 2 did y.Part 1: Part 2: porting p 6a. 6b. 6c. 6d. 6e. | 2, then list the colles here. If you do not consider the origin Creditors with I Creditors | ection agency here. Sire thave additional personal creditor? Priority Unsecured Nonpriority Unsecured U.S.C. §159. Add the an 0.00 0.00 0.00 0.00 0.00 0.00 | nilarly, if you ons to be notif Claims ired Claims |
| this page ng to colle than one debts in F ae and Ae NE- 4: Add al the amo nsecured | ect from the creditor Parts 1 of Address d the Ar ounts of a claim. 6a. 6b. 6c. 6d. | ou have others to be notified a you for a debt you owe to some or for any of the debts that you r 2, do not fill out or submit this mounts for Each Type of U certain types of unsecured claid Domestic support obligations. Taxes and certain other debt Claims for death or personal Other. Add all other priority unservine to some property of the content | bout your bankruptcy, for a debt that you cone else, list the original creditor in Palisted in Parts 1 or 2, list the additional spage. On which entry in Part 1 or Part Line of (Check one): Last 4 digits of account number msecured Claim ms. This information is for statistical researched by the secured claims. Some syou owe the government injury while you were intoxicated secured claims. Write that amount here. | rts 1 or 2 creditors 2 did your 2 creditors 2 did your 1: Part 2: porting p 6a. 6b. 6c. 6d. | 2, then list the colles here. If you do not consider the origin Creditors with I Creditors | ection agency here. Sire thave additional personal creditor? Priority Unsecured Nonpriority Unsecured U.S.C. §159. Add the an 0.00 | nilarly, if you l ons to be notif Claims ired Claims |
| this page ng to colle te than one debts in F ne and A NE- 4: Add al the amo insecured claims n Part 1 | d the Ar ounts of d falaim. | ou have others to be notified a you for a debt you owe to some or for any of the debts that you r 2, do not fill out or submit this mounts for Each Type of U certain types of unsecured clair Domestic support obligations. Taxes and certain other debt. Claims for death or personal Other. Add all other priority unsecured. Add lines 6a through 6d. Student loans Obligations arising out of a secured company. | bout your bankruptcy, for a debt that you cone else, list the original creditor in Palisted in Parts 1 or 2, list the additional spage. On which entry in Part 1 or Part Line of (Check one): Last 4 digits of account number meeting. This information is for statistical research secured Claim. This information is for statistical research while you were intoxicated secured claims. Write that amount here. | rts 1 or 2 creditors 2 did your 2 art 1: Part 2: 6a. 6b. 6c. 6d. 6e. 6f. | 2, then list the college here. If you do not consider the origin Creditors with I Creditors | ection agency here. Sire thave additional personal creditor? Priority Unsecured Nonpriority Unsecured Value of the analysis of the secure of t | nilarly, if you lons to be notif |
| this page ng to colle e than one debts in Fine and Anne- 4: Add Anne- All the amounts are part 1 | ect from the creditor Parts 1 of Address de the Arrounts of a claim. 6a. 6b. 6c. 6d. 6e. | ou have others to be notified a you for a debt you owe to some or for any of the debts that you r 2, do not fill out or submit this mounts for Each Type of U certain types of unsecured claid Domestic support obligations. Taxes and certain other debt Claims for death or personal Other. Add all other priority unsecured. Add lines 6a through 6d. Student loans Obligations arising out of a sedid not report as priority claid. | bout your bankruptcy, for a debt that you cone else, list the original creditor in Palisted in Parts 1 or 2, list the additional spage. On which entry in Part 1 or Part Line of (Check one): Last 4 digits of account number meeting. This information is for statistical research secured Claim. This information is for statistical research while you were intoxicated secured claims. Write that amount here. | rts 1 or 2 creditors 2 did yr Part 1: Part 2: porting p 6a. 6b. 6c. 6d. 6e. 6f. | 2, then list the colles here. If you do not consider the origin Creditors with I Creditors | ection agency here. Sire thave additional personal creditor? Priority Unsecured Nonpriority Unsecured U.S.C. §159. Add the an 0.00 0.00 0.00 0.00 0.00 0.00 | nilarly, if you l ons to be notif Claims ired Claims |

Total. Add lines 6f through 6i.

114,664.67

Page 28 of 50 Document Fill in this information to identify your case: Debtor 1 Latricia D Thompson Middle Name First Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with Name, Number, | whom you have the Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | _ |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | | | | | |

| | | Document | Page 29 of | 50 | |
|----------------------------------|--|--|--|--|-----|
| Fill in this i | information to identify you | case: | | | |
| Debtor 1 | Latricia D Thomps | son | | | |
| 20210 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing | g) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | NORTHERN DISTRICT OF | ILLINOIS | | |
| Case numb | ۵r | | | | |
| (if known) | | | | ☐ Check if this is an amended filing | |
| O#: -: -1 | Tame 40011 | | | , | |
| | Form 106H | | | | |
| Schedi | ule H: Your Coc | lebtors | | 12/15 | |
| 1. Do y No Yes 2. With Arizona | and case number (if known ou have any codebtors? (if in the last 8 years, have you, California, Idaho, Louisiana Go to line 3. |). Answer every question. you are filing a joint case, do i | not list either spouse a erty state or territory o Rico, Texas, Washin | ? (Community property states and territories include | |
| | □ No ■ Yes. | | | | |
| | In which community sta | te or territory did you live? | -NONE- | . Fill in the name and current address of that person. | |
| | Name of your spouse, former spouse, Street, City, State & Z | | | | |
| in line : Form 1 fill out | Imn 1, list all of your codeby 2 again as a codebtor only 06D), Schedule E/F (Official Column 2. | ntors. Do not include your sp if that person is a guarantor al Form 106E/F), or Schedule | or cosigner. Make si | f your spouse is filing with you. List the person show ure you have listed the creditor on Schedule D (Offic G). Use Schedule D, Schedule E/F, or Schedule G to Column 2: The creditor to whom you owe the debt | ial |
| Na | ame, Number, Street, City, State and 2 | IP Code | | Check all schedules that apply: | |
| 3.1 | | | | ☐ Schedule D, line | |
| N | lame | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| N | lumber Street | | | | |
| C | lity | State | ZIP Code | | |
| | | | | | - |
| 3.2 | | | | ☐ Schedule D, line | |
| N | lame | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| N | lumber Street | | | | |

ZIP Code

State

City

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| | in this information to identify you | our case: O Thompson | | | | | | |
|--------------------|--|--|---|--------------------|-----------------------------|-------------------------------|---|--|
| Del | btor 2 puse, if filing) | 7 THOMPOON | | | _ | | | |
| | ited States Bankruptcy Court fo | r the: NORTHERN DISTRIC | CT OF ILLINOIS | | | | | |
| _ | se number | | - | | | | d filing ent showing postpet | |
| 0 | fficial Form 106I | | | | | MM / DD/ Y | as of the following d | ate: |
| | chedule I: Your I | ncome | | | | ז /טט / ואוואו | 111 | 12/15 |
| sup spo atta | as complete and accurate as plying correct information. If use. If you are separated and ch a separate sheet to this for the control of the c | you are married and not fill your spouse is not filing w rm. On the top of any addit | ing jointly, and your spirith you, do not include | oouse e infor | is living wit mation abo | th you, incl ut your spo | ude information a ouse. If more spac | bout your e is needed, |
| 1. | Fill in your employment information. | Fill in your employment | | | | Debtor 2 or non-filing spouse | | |
| | If you have more than one jo | o, Employment status | ■ Employed | | | ☐ Employed | | |
| | attach a separate page with information about additional employers. | Employment status | ☐ Not employed | | | ☐ Not employed | | |
| | Include part-time, seasonal, | Occupation | Business Analysis | Business Analysist | | | | |
| | self-employed work. | Employer's name | JP Morgan Chase | | | | | |
| | Occupation may include stud or homemaker, if it applies. | ent Employer's address | 131 South Dearbo Chicago, IL 60603 | | eet | | | |
| | | How long employed t | here? 3 Years | | | _ | | |
| Par | Give Details About | Monthly Income | | | | | | |
| | mate monthly income as of tuse unless you are separated. | he date you file this form. If | you have nothing to rep | oort for | any line, wr | ite \$0 in the | space. Include you | r non-filing |
| | ou or your non-filing spouse have e space, attach a separate she | | ombine the information | for all | employers fo | or that perso | on on the lines belo | w. If you need |
| | | | | | For De | ebtor 1 | For Debtor 2 or non-filing spous | se . |
| 2. | List monthly gross wages, deductions). If not paid mon | | | 2. | \$ | 3,480.36 | \$N | I/A |
| 3. | Estimate and list monthly of | overtime pay. | | 3. | +\$ | 0.00 | +\$N | I/A |
| 4. | Calculate gross Income. A | dd line 2 + line 3. | | 4. | \$3,4 | 180.36 | \$N/A | <u>. </u> |

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| Debt | tor 1 | Latricia D Thompson | _ | (| Case | number (if known) | | | | |
|------|-----------------------------|--|----------------|----------|--------------------------------|--|-------|------------|--|-------------------|
| | | | | | Foi | r Debtor 1 | | Debtor | | |
| | Сор | y line 4 here | 4. | | \$_ | 3,480.36 | \$ | i-iiiiig s | N/A | |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | 1 | \$ | 547.63 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$ - | 0.00 | \$- | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | | \$ | 0.00 | \$_ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d | | \$ - | 0.00 | \$_ | | N/A | |
| | 5e. | Insurance | 5e | | \$ | 18.53 | \$_ | | N/A | |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.00 | \$_ | | N/A | _ |
| | 5g. | Union dues | 5 g | | \$ | 0.00 | \$_ | | N/A | _ |
| | 5h. | Other deductions. Specify: | | , 1.+ | \$ | 0.00 | + \$ | | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | — 6. | | \$ | 566.16 | \$ | | N/A | _ |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 2,914.20 | \$ | | N/A | _ |
| 8. | 8b. 8c. 8d. 8e. 8f. 8g. 8h. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: | 80 8d 8e |). | \$\$ \$\$\$ \$\$\$ \$\$\$\$ | 0.00 0.00 690.00 0.00 0.00 0.00 | \$ \$ | | N/A N/A N/A N/A N/A N/A | |
| 9. | | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | Г | \$ | 690.00 | \$_ | | N/ | _ |
| | | | Г | L | | | | | 1 | |
| 10. | Cald | culate monthly income. Add line 7 + line 9. | 10. | \$_ | | 3,604.20 + \$ | | N/A |] = \$ _ | 3,604.20 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | L | | | | | |] [| |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in <i>Schedu</i> de contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are notify: | ur dep | | | • | • | Schedu | le J. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rele that amount on the Summary of Schedules and Statistical Summary of Certies | | | | | | e. 12. | \$ | 3,604.20 |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form | m? | | | | | | Combi | lnea ly income |
| | _ | Yes Explain: | | | | | | | | |

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| | in this informa | tion to identify yo | our case: | | | | | | |
|------------|--------------------------------|----------------------------------|------------------|--|---|-------------|---------------------|-------------------------------|-----|
| Deb | otor 1 | Latricia D Tho | ompson | | | Che | eck if this is: | | |
| | | | | | | | An amended filing | | |
| | otor 2 | | | | | | | wing postpetition chapte | r |
| (Spo | ouse, if filing) | | | | | | 13 expenses as or | the following date: | |
| Unit | ed States Bankr | uptcy Court for the: | NORTH | HERN DISTRICT OF ILLI | NOIS | | MM / DD / YYYY | | |
| Cas | e number | | | | | | | | |
| (If k | nown) | | | | | | | | |
| 0 | fficial Fo | rm 106J | | | | | | | |
| S | chedule | J: Your I | Exner | 1696 | | | | 12 | /15 |
| | | | | . If two married people | are filing together h | oth are en | ually responsible f | | /13 |
| info | ormation. If m | | eded, atta | ach another sheet to thi | | | | | |
| Par | t 1: Descr | ibe Your House | hold | | | | | | |
| 1. | Is this a joir | | iloid | | | | | | |
| | ■ No. Go to | line 2 | | | | | | | |
| | | | in a separ | ate household? | | | | | |
| | ПΝ | 0 | • | | | | | | |
| | = | • | st file Offic | ial Form 106J-2, Expens | es for Separate House | ehold of De | ebtor 2. | | |
| 2 | De veu bev | a damandanta? | п., | , | , | | | | |
| 2. | Do you nave | e dependents? | ☐ No | | | | | | |
| | Do not list D and Debtor 2 | | ■ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? | |
| | Do not state | the | | | | | | □ No | |
| | dependents | | | | Daughter | | 12 | ■ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | ☐ Yes | |
| | | | | | | | | □ No | |
| | | | | | - | | | ☐ Yes | |
| | | | | | | | | □ No | |
| 3. | Do your eyr | enses include | | | | | <u> </u> | ☐ Yes | |
| J. | expenses o | f people other the dependent | han $_{\square}$ | No Yes | | | | | |
| Par | t 2: Estim | ate Your Ongoi | na Month | ly Fynenses | | | | | |
| Est exp | imate your ex enses as of a | cpenses as of yo | our bankr | uptcy filing date unless by is filed. If this is a su | | | | | |
| app | olicable date. | | | | | | | | |
| | | | | government assistance | | | | | |
| | | | d have in | cluded it on Schedule I | : Your Income | | Your exp | enses | |
| (Or | ficial Form 10 | וטו.) | | | | | Tour CXP | | |
| 4. | | or home owners | | nses for your residence. or lot. | Include first mortgage | e 4. | \$ | 1,435.00 | |
| | If not include | led in line 4: | | | | | | | |
| | 4a Back | etato tavas | | | | 40 | ¢ | 0.00 | |
| | | estate taxes rty, homeowner's | or rente | r's insurance | | 4a. 4b. | \$ \$ | 0.00 | |
| | • | • | | upkeep expenses | | 4c. | : | 0.00 | |
| | | owner's associat | | | | 4d. | : | 0.00 | |
| 5. | Additional r | nortgage payme | ents for yo | our residence, such as h | nome equity loans | 5. | \$ | 0.00 | |

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| Debtor 1 | Latricia D Thompson | Case num | ber (if known) | |
|-------------------------|--|----------------|---------------------------------------|----------------------------|
| 6. Uti | ities: | | | |
| o. Otti 6a. | Electricity, heat, natural gas | 6a. | \$ | 150.00 |
| 6b. | Water, sewer, garbage collection | 6b. | · - | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | | · | |
| 6d. | | 6c. | · - | 50.00 |
| | Other. Specify: | 6d. | · | 0.00 |
| | od and housekeeping supplies | 7. | | 588.00 |
| | Idcare and children's education costs | 8. | | 480.00 |
| | thing, laundry, and dry cleaning | 9. | | 190.00 |
| 0. Pe i | sonal care products and services | 10. | \$ | 190.00 |
| 1. Me | dical and dental expenses | 11. | \$ | 75.00 |
| 2. Tra | nsportation. Include gas, maintenance, bus or train fare. | | _ | 205.00 |
| | not include car payments. | 12. | \$ | 265.00 |
| 3. En t | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 4. Ch | aritable contributions and religious donations | 14. | \$ | 0.00 |
| 5. Ins | urance. | | | |
| Do | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 158 | . Life insurance | 15a. | \$ | 0.00 |
| 15b | . Health insurance | 15b. | \$ | 0.00 |
| 150 | . Vehicle insurance | 15c. | \$ | 55.00 |
| 150 | . Other insurance. Specify: | 15d. | · <u> </u> | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | <u> </u> | 0.00 |
| _ | cify: | 16. | \$ | 0.00 |
| | allment or lease payments: | | | 0.00 |
| | . Car payments for Vehicle 1 | 17a. | \$ | 125.00 |
| | . Car payments for Vehicle 2 | 17b. | · · · · · · · · · · · · · · · · · · · | 0.00 |
| | Other. Specify: | 17c. | · | 0.00 |
| | Other. Specify: | — 17d. 17d. | · - | 0.00 |
| | · · · | | Φ | 0.00 |
| | ir payments of alimony, maintenance, and support that you did not report as | 18. | \$ | 0.00 |
| | lucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). er payments you make to support others who do not live with you. | 10. | \$ | 0.00 |
| | | 19. | Ψ | 0.00 |
| | ecify: er real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i> | | aur Incomo | |
| | | 20a. | | 0.00 |
| | . Mortgages on other property | | | 0.00 |
| | . Real estate taxes | 20b. | · - | 0.00 |
| | . Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| 200 | . Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| 206 | . Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| Oth | er: Specify: | 21. | +\$ | 0.00 |
| | · · · | | | |
| | culate your monthly expenses | | | |
| | . Add lines 4 through 21. | | \$ | 3,603.00 |
| 22t | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 220 | . Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,603.00 |
| | | | | , |
| | culate your monthly net income. | | _ | _ |
| | . Copy line 12 (your combined monthly income) from Schedule I. | 23a. | · | 3,604.20 |
| 23b | . Copy your monthly expenses from line 22c above. | 23b. | -\$ | 3,603.00 |
| | | | | |
| 230 | . Subtract your monthly expenses from your monthly income. | 00* | · · | 1.20 |
| | The result is your monthly net income. | 23c. | \$ | 1.20 |
| | and the second s | | | |
| | you expect an increase or decrease in your expenses within the year after your expenses within the year after your expenses within the year or de your expect your expenses. | | | o or doorooo because of a |
| | example, do you expect to finish paying for your car loan within the year or do you expect your n ification to the terms of your mortgage? | ποπgage pa | ayment to increase | e or decrease decause of a |
| | , 55 | | | |
| | | | | |
| | Yes. Explain here: | | | |

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| | | | | | _ |
|---------------------------------|--|--------------------------|------------------|---|--|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Latricia D Thomps | on | | | |
| | First Name | Middle Name | Last Nam | ne | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Nam | ne | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number (if known) | | | | | Check if this is an amended filing |
| Official Forr | m 106Dec | | | | |
| Declarat | tion About a | n Individual | Debtor' | s Schedules | 12/15 |
| years, or both. 1 | y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 n Below | | kruptcy case ca | an result in fines up to \$250, | ,000, or imprisonment for up to 20 |
| Did you pa | ay or agree to pay some | one who is NOT an attor | rney to help you | u fill out bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | . Attach Bankruptcy Pe and Signature (Official I | tition Preparer's Notice, Declaration, Form 119). |
| | alty of perjury, I declare te true and correct. | that I have read the sum | nmary and sche | dules filed with this declara | ntion and |
| X /s/Latr | ricia D Thompson | | Х | | |
| Latricia | a D Thompson are of Debtor 1 | | Sig | gnature of Debtor 2 | |

Date

Date December 30, 2015

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| -2 | Lin (bin i | | | | | |
|-------------------------|--|--|--|---|--|---|
| | | nation to identify you | | | | |
| Debtor 1 Latricia D Tho | | | SON Middle Name | Last Name | | |
| | ebtor 2 ouse if, filing) | First Name | Middle Name | Last Name | | |
| • | | | | | | |
| Ur | lited States Bar | kruptcy Court for the: | NORTHERN DISTRICT C | OF ILLINOIS | | |
| | nse number | | | | _ | Check if this is an amended filing |
| St | | of Financial | Affairs for Individ | | ankruptcy equally responsible for su | 12/15 |
| info | ormation. If me | | attach a separate sheet to | | y additional pages, write yo | |
| Pa | rt 1: Give D | etails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | What is your | current marital statu | ıs? | | | |
| | □ Married■ Not marr | ried | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. List | all of the places you l | ived in the last 3 years. Do n | ot include where you live nov | v. | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. sta: | | | | | nity property state or territo ico, Texas, Washington and | |
| | □ No | | | | | |
| | Yes. Mal | ke sure you fill out <i>Sci</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Pa | rt 2 Explain | n the Sources of You | r Income | | | |
| 4. | Fill in the total | I amount of income yo | nployment or from operating ureceived from all jobs and a have income that you receive | all businesses, including part | | endar years? |
| | □ No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$41,858.66 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Debtor 1 Latricia D Thompson

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Case number (if known)

| | | | | Debtor 1 | | Debtor 2 | |
|----|--|---|---|---|---|--|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | r last calen inuary 1 to | dar year: December 3 | 1, 2014) | ■ Wages, commissions, bonuses, tips | \$42,115.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| | | dar year befo December 3 | | ■ Wages, commissions, bonuses, tips | \$40,879.96 | ☐ Wages, commissions, bonuses, tips | |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| 5. | Include incurrence includes incurrence includes incurrence including gambling. List each so includes includes include includes i | come regardle ment, and oth and lottery wil | ess of whether public be nnings. If yo e gross inco | ner that income is taxable. Exemples the payments; pensions; repure are filing a joint case and y | o previous calendar years? camples of other income are a ntal income; interest; dividence ou have income that you rece ately. Do not include income t | ds; money collected from law eived together, list it only onc | suits; royalties; and |
| | | | | Debtor 1 Sources of income Describe below | Gross income (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | | y 1 of current filed for bank | | Child Support | \$8,304.00 | | , |
| | r last calen inuary 1 to | idar year: December 3 | 1, 2014) | Child Support | \$8,304.00 | | |
| | | dar year befo December 3 | | Child Support | \$8,304.00 | | |
| | | | | | | | |
| | | | | Made Before You Filed for | | | |
| 6. | Are either No. | Neither Dek | tor 1 nor D | 's debts primarily consume Debtor 2 has primarily cons personal, family, or househo | umer debts. Consumer debts | s are defined in 11 U.S.C. § | 101(8) as "incurred by an |
| | | • | • | | id you pay any creditor a tota | I of \$6,225* or more? | |
| | | | Go to line 7 | | | | |
| | | | paid that cre | | id a total of \$6,225* or more ints for domestic support obligations bankruptcy case. | | |
| | _ | * Subject to | adjustmen | t on 4/01/16 and every 3 yea | rs after that for cases filed on | or after the date of adjustme | ent. |
| | Yes. | | | or both have primarily consore you filed for bankruptcy, d | umer debts. id you pay any creditor a tota | I of \$600 or more? | |
| | | | Go to line 7 | | | | |
| | | | include pay | | id a total of \$600 or more and obligations, such as child sup | | |
| | Cuaditan | s Nama and | Addross | Dates of navers | ant Total amount | Amount you - Was this | novement for |

paid

still owe

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Case number (if known) Document Debtor 1 Latricia D Thompson

| 7. | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general pacorporations of which you are an officer, directincluding one for a business you operate as a support and alimony. | artners; relatives of any gen ctor, person in control, or ow | eral partners; partners of 20% or more | erships of which ye of their voting se | ou are a gener curities; and a | ral partner; ny managing agent, |
|-----|--|---|--|--|-----------------------------------|------------------------------------|
| | No | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | ments or transfer a | any property on a | account of a c | lebt that benefited an |
| | No | | | | | |
| | Yes. List all payments to an insider | D | - | | D (| |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Include cred | this payment ditor's name |
| Par | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title | Nature of the case | Court or agency | | Status of th | ne case |
| | Case number | | | | | |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No Yes. Fill in the information below. | | erty repossessed, f | oreclosed, garni | shed, attache | d, seized, or levied? |
| | | Describe the Branerty | | Data | | Value of the |
| | Creditor Name and Address | Describe the Property Explain what happened | I | Date | | Value of the property |
| 11. | Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No Yes. Fill in the details. | ptcy, did any creditor, inc | | nancial institutio | n, set off any | amounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date taker | action was | Amount |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes | | erty in the possess | ion of an assigne | ee for the ben | efit of creditors, a |
| Par | t 5: List Certain Gifts and Contributions | | | | | |
| | Within 2 years before you filed for bankrup ■ No | otcy, did you give any gift | s with a total value | of more than \$6 | 00 per persor | n? |
| | ☐ Yes. Fill in the details for each gift. | | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Date the g | s you gave jifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

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| 14. | Within 2 years before you filed for bank | ruptcy, | did you give any gifts or contributions with a to | tal value of more than | \$600 to any charity |
|-----|---|---|--|---|----------------------|
| | ■ No | | | | |
| | Yes. Fill in the details for each gift or | Yes. Fill in the details for each gift or contribution. | | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | | Describe what you contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankrudisaster, or gambling? | uptcy or | since you filed for bankruptcy, did you lose an | ything because of the | ft, fire, other |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Describe the property you lost and | Descri | be any insurance coverage for the loss | Date of your | Value of property |
| | how the loss occurred | | e the amount that insurance has paid. List | loss | lost |
| | | | g insurance claims on line 33 of Schedule A/B: | | |
| Par | t 7: List Certain Payments or Transfer | 's | | | |
| | consulted about seeking bankruptcy or | prepari | id you or anyone else acting on your behalf pay ng a bankruptcy petition? s, or credit counseling agencies for services requir | , | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | THE SEMRAD LAW FIRM, LLC 20 S. Clark Street 28th Floor Chicago, IL 60603 Chicago, IL 60603 rsemrad@semradlaw.com | | Attorney Fees | 12/30/2015 | \$400.00 |
| | 001 Debtor CC, Inc 378 Summit Ave. Jersey City, NJ 07306 | | Credit Counseling | 11/2/2015 | \$15.00 |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer that | ditors o | | or transfer any prope | rty to anyone who |
| | ■ No | | | | |
| | ☐ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | | | | | |

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Debtor 1 Latricia D Thompson

| 18. | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus Include both outright transfers and transfers mad include gifts and transfers that you have already No | siness or financial affa de as security (such as | nirs? the granting of a | | | | | |
|--|---|---|----------------------------|--------------------------|---|---|--|--|
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Received Transfer Address | Description and v property transferr | | payme | ibe any property or ents received or debts n exchange | Date transfer was made | | |
| | Person's relationship to you | | | para ii | rexonange | | | |
| 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust beneficiary? (These are often called asset-protection devices.) | | | | | d trust or similar device | of which you are a | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of trust | Description and v | alue of the pro | perty trans | ferred | Date Transfer was | | |
| | | · | • | | | made | | |
| Par | List of Certain Financial Accounts, Inst | ruments, Safe Deposit | Boxes, and St | orage Unit | s | | | |
| 20 | Within 1 year before you filed for bankruptcy, | were any financial ac | counts or instr | uments he | ld in your name, or for y | our benefit closed | | |
| 20. | sold, moved, or transferred? | • | | | , | , , | | |
| | Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | | _ast 4 digits of account number | Type of account instrument | int or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | |
| 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any sa cash, or other valuables? | | | ny safe dep | oosit box or other depos | sitory for securities, | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | Describe t | the contents | Do you still have it? | | |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 | year befor | e you filed for bankrupt | су | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | Describe t | the contents | Do you still have it? | | |
| Par | rt 9: Identify Property You Hold or Control fo | or Someone Fise | | | | | | |
| 23. | | | ude any propert | ty you borr | rowed from, are storing | for, or hold in trust | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe t | the property | Value | | |
| Par | rt 10: Give Details About Environmental Infor | mation | | | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 5 Case 15-43638 Doc 1 Filed 12/30/15 Entered 12/30/15 15:42:28 Desc Main Document Page 40 of 50

Case number (if known)

Debtor 1 Latricia D Thompson

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Nature of the case Statu Case Statu Case Title Case Number Address (Number, Street, City, State and ZIP Code) Nature of the case Statu Case Statu Case Address (Number, Street, City, State and ZIP Code) Nature of the case Statu Case Statu Case Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Nature of the case Statu Case Statu Case Address (Number, Street, City, State and ZIP Code) Nature of the case Statu Case Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all institutions, creditors, or other parties. | nazardous material, ponditant, contaminant, or similar term. | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number No Yes. Fill in the details. Case Title Case Number No Yes. Fill in the details. Court or agency Nature of the case Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any busin A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address Name of accountant or bookkeeper Employer Identification number Do not include Social Security numbe Dates business existed | | | | | | | | |
| Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State an | las any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | |
| Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Nature of the case Statu Case Statu Case Title Case Number Address (Number, Street, City, State and ZIP Code) Nature of the case Statu Case Statu Case Address (Number, Street, City, State and ZIP Code) Nature of the case Statu Case Statu Case Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Nature of the case Statu Case Statu Case Address (Number, Street, City, State and ZIP Code) Nature of the case Statu Case Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all institutions, creditors, or other parties. | | | | | | | | |
| No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Case Number Case Number Case Number Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Part 113: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any busin A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address Name of accountant or bookkeeper Employer Identification number Do not include Social Security numbe Cates business existed | you Date of notice | | | | | | | |
| Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Nature of the case Statu case Address (Number, Street, City, State and ZIP Code) | | | | | | | | |
| Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No No Yes. Fill in the details. Case Title Case Number Name Address (Number, Street, City, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Nature of the case Statu case Statu case Statu case Nature of the case Statu case Nature of the case Statu case Statu case Statu case Nature of the case Statu case Statu case Statu case Statu case Nature of the case Statu cas | | | | | | | | |
| No Yes. Fill in the details. Case Title | you Date of notice | | | | | | | |
| Case Title Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) Nature of the case Statu case Statu case Statu case Statu case Statu case Address (Number, Street, City, State and ZIP Code) Not the following connections to any business The following connections to any business or have any of the following connections to any busin A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all institutions, creditors, or other parties. | ttlements and orders. | | | | | | | |
| Case Number Name | | | | | | | | |
| 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any busin | Status of the case | | | | | | | |
| □ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all institutions, creditors, or other parties. | | | | | | | | |
| □ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all institutions, creditors, or other parties. | ions to any business? | | | | | | | |
| □ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name of accountant or bookkeeper Name of accountant or bookkeeper Dates business? Include all institutions, creditors, or other parties. | | | | | | | | |
| □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all institutions, creditors, or other parties. | | | | | | | | |
| □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name of accountant or bookkeeper Do not include Social Security number Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all institutions, creditors, or other parties. | | | | | | | | |
| No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all institutions, creditors, or other parties. | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all institutions, creditors, or other parties. | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Name of accountant or bookkeeper Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all institutions, creditors, or other parties. | No. None of the above applies. Go to Part 12. | | | | | | | |
| Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all institutions, creditors, or other parties. | | | | | | | | |
| (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all institutions, creditors, or other parties. | | | | | | | | |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all institutions, creditors, or other parties. | · | | | | | | | |
| . | | | | | | | | |
| ■ No □ Yes. Fill in the details below. | | | | | | | | |
| Name Address (Number, Street, City, State and ZIP Code) | | | | | | | | |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 6

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Debtor 1 Latricia D Thompson

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Latricia D Thompso | n | |
|--------------------------------|--|-------------------|
| Latricia D Thompson | Signature of Debtor 2 | |
| Signature of Debtor 1 | | |
| Date December 30, 2 | 015 Date | |
| Did you attach additional ■ No | I pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Of | ficial Form 107)? |
| ☐ Yes | | |
| Did you pay or agree to p | pay someone who is not an attorney to help you fill out bankruptcy forms? | |
| ■ No | | |
| ☐ Yes. Name of Person | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official | Form 119). |

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| Fill in this inform | nation to identify your | case: | | | |
|--------------------------------------|--|-----------------------|---|---------------------------------|--|
| Debtor 1 | Latricia D Thomps | on | | | |
| Debtor 1 | Latricia D Thomps First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| | nkruptcy Court for the: | | RICT OF ILLINOIS | | |
| | | | | | |
| Case number _ | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official Fo | rm 108 | | | | |
| Statemen | nt of Intentio | n for Indiv | iduals Filing U | nder Chapter | 7 12/15 |
| | | | | • | |
| | vidual filing under cha | | I out this form if: | | |
| _ | e claims secured by yo ed personal property a | | ot expired | | |
| You must file this | s form with the court w ver is earlier, unless th | ithin 30 days after | you file your bankruptcy pe | | or the meeting of creditors, reditors and lessors you list |
| | ople are filing togethe d date the form. | r in a joint case, bo | th are equally responsible | for supplying correct info | rmation. Both debtors must |
| | and accurate as possib our name and case nur | | needed, attach a separate | sheet to this form. On the | e top of any additional pages, |
| Part 1: List Yo | our Creditors Who Hav | e Secured Claims | | | |
| 1. For any credito | ors that you listed in P | art 1 of Schedule D | : Creditors Who Have Clain | ns Secured by Property (C | Official Form 106D), fill in the |
| information be | | | What do you intend to do | | Did you claim the property |
| , | | | secures a debt? | , and property and | as exempt on Schedule C? |
| | | | | | |
| ·- | pringleaf | | ☐ Surrender the property. | | □ No |
| name: | | | Retain the property and | | ■ Yes |
| Description of | 2002 Pontiac Grand | d AM 167000 | Retain the property and Reaffirmation Agreeme | | – 163 |
| property | miles | | ☐ Retain the property and | l [explain]: | |
| securing debt: | | | | | |
| | our Unexpired Persona | | | | |
| in the information | n below. Do not list rea | al estate leases. Un | in Schedule G: Executory C expired leases are leases the the trustee does not assum | hat are still in effect; the le | Leases (Official Form 106G), fill ease period has not yet ended. |
| | | | | | !!! (b - l b 10 |
| Describe your u | nexpired personal pro | perty leases | | VV | ill the lease be assumed? |
| Lessor's name: | | | | | No |
| Description of lea Property: | isea | | | | Yes |
| Loopoule many | | | | _ | |
| Lessor's name: Description of lea | sed | | | | No |
| Property: | | | | | Yes |
| Lessor's name: | | | | | No |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| , | Form 8) (12/08) | Page 2 |
|-----|---|---|
| | scription of leased operty: | ☐ Yes |
| | ssor's name: | □ No |
| | scription of leased operty: | ☐ Yes |
| | ssor's name: | □ No |
| | scription of leased operty: | ☐ Yes |
| | ssor's name: | □ No |
| | scription of leased operty: | ☐ Yes |
| | ssor's name: | □ No |
| | scription of leased operty: | ☐ Yes |
| Pai | rt 3: Sign Below | |
| | ler penalty of perjury, I declare that I have indicated n perty that is subject to an unexpired lease. | ny intention about any property of my estate that secures a debt and any personal |
| Χ | /s/ Latricia D Thompson | x |
| | Latricia D Thompson | Signature of Debtor 2 |
| | Signature of Debtor 1 | |
| | Date December 30, 2015 | Date |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 15-43638 Doc 1 Filed 12/30/15 Entered 12/30/15 15:42:28 Desc Main Document Page 48 of 50

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | Latricia D Thompson | | Case No. | | | |
|-------------|---|---|--|-----------------------------------|----|--|
| | | Debtor(s) | Chapter | 7 | | |
| | DISCLOSURE OF COMPENS | SATION OF ATTOR | NEY FOR DE | BTOR(S) | | |
| (| Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing oper rendered on behalf of the debtor(s) in contemplation of o | of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or t | О | |
| | For legal services, I have agreed to accept | | \$ | 1,250.00 | | |
| | Prior to the filing of this statement I have received | | | 0.00 | | |
| | Balance Due | | | 1,250.00 | | |
| 2. | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed compens | sation with any other person u | unless they are mem | pers and associates of my law fir | m. | |
| | ☐ I have agreed to share the above-disclosed compensatio copy of the agreement, together with a list of the names | | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | |
| l | a. Analysis of the debtor's financial situation, and rendering preparation and filing of any petition, schedules, statemed. Representation of the debtor at the meeting of creditors and [Other provisions as needed] | ent of affairs and plan which | may be required; | | | |
| 6.] | By agreement with the debtor(s), the above-disclosed fee do | pes not include the following | service: | | | |
| | (| CERTIFICATION | | | _ | |
| | certify that the foregoing is a complete statement of any agankruptcy proceeding. | greement or arrangement for p | payment to me for re | presentation of the debtor(s) in | | |
| D | ecember 30, 2015 | /s/ Mike Miller | | | | |
| _ | ate | Mike Miller 628887 Signature of Attorney THE SEMRAD LAV 20 S. Clark Street 28th Floor Chicago, IL 60603 (312) 913 0625 Farsemrad@semradle | , V FIRM, LLC ax: (312) 913 0631 | | | |

Name of law firm

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United States Bankruptcy Court Northern District of Illinois

| | | 1 (of the H District of Himos | | |
|-------|--|---|-------------------------------|----------------|
| In re | Latricia D Thompson | | Case No. | |
| | | Debtor(s) | Chapter 7 | |
| | | | | |
| | VE | RIFICATION OF CREDITOR N | MATRIX | |
| | | Number of | f Creditors: | 17 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credi | tors is true and correct to t | the best of my |
| Date: | December 30, 2015 | /s/ Latricia D Thompson Latricia D Thompson Signature of Debtor | | |

American General Financial/SpSyimohlearfyFBank/Walmart

Springleaf Financial/Attn: BaAktnptRan Reuptcy Po Box 3251 Po Box 103104 Evansville, IN 47731 Roswell, GA 30076

Americash

Target

C/O Financial & Retail Services

Americasn
800 Lee Street, Ste. 302
Des Plaines, IL 60016
Mailstop BT PO Box 9475
Minneapolis, MN 55440 Minneapolis, MN 55440

Avant Inc Total Account Recovery 640 N Lasalle PO Box 14766 Chicago, IL 60654 Lenexa, KS 66285

Capital One VA Chicago Health Care Attn: Bankruptcy 820 South Damen Ave Po Box 30285 Chicago, IL 60612 Salt Lake City, UT 84130

Citibank / Sears Verizon Citicorp Credit Services/Attn500enerahożogy Dr Po Box 790040 Suite 500 Saint Louis, MO 63179 Weldon Spring, MO 63304

Credit One P.O. 625 Metairie, LA 70004

Xfinity 14200 S LaSalle Riverdale, IL 60827

Dept Of Ed/Nelnet Attn: Claims Po Box 82505 Lincoln, NE 68501

IL Tollway 2700 Ogden Ave Downers Grove, IL 60515-1703

Rise Credit Customer Support Po Box 101808 Fort Worth, TX 76185